

To: Montana Senate Committee on Business, Labor and Economic Affairs

From: Lorena Pettet, Physical Therapist

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RE: HB 334

On behalf of

Montana Chapter of the American Physical Therapy Association
Lobbyist - Mona Jamison, Attorney

Stay at work/return to work (RTW/SAW) services are defined in this bill (Page 31, Lines 4-8) as services provided to facilitate a worker's staying at work or returning to work with the worker's employer. These services are provided by a rehabilitation provider (defined on page 30, line 30 as a certified rehabilitation counselor) or the insurer (page 34, lines 8-12). **This language literally excludes any physician, physical therapist or other medical provider from addressing return to work or staying at work.**

Based upon best practices and to clarify the RTW / SAW process, a guideline was published by the American College of Occupational and Environmental Medicine (Journal of Occupational and Environmental Medicine, volume 48, number 9, September 2009, pages 972-987). For optimal financial, social and medical outcomes, the guideline emphasizes a multidisciplinary approach that begins prior to any injury. Upon injury, the process requires a rapid response TEAM including the employee, employer, physician, physical therapists and counselor. The guideline identifies the downfall of most RTW / SAW initiatives is trying to "manage" or "evaluate" a disability rather than preventing it.

The language in HB 334 needs to reflect a multidisciplinary approach to RTW / SAW, including providers that can practice within the guidelines established by evidence based care. It is time that Montana acknowledges the vast amount of research in this area to improve our system and reduce costs. We respectfully request clarifying language be placed in the bill to avoid repeating what has already been proven an ill fated approach.

"The fundamental cause of most lost workdays and lost jobs attributed to medical conditions is not really medical necessity. Instead, it's uncoordinated, nonmedical decision making that distorts the stay-at-work/return-to-work process employed by the disability benefits system." - Dr. Jennifer Christian at the annual conference of the Academy of Organizational and Occupational Psychiatry.